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MANORCARE HEALTH SERVICES 265 SOUTH NATIONAL AVENUE FOND DU LAC 54935

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Phone: (920) 922-7342 Ownership: Corporati on Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/01): Title 18 (Medicare) Certified? 107 Yes Total Licensed Bed Capacity (12/31/01): 108 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: Average Daily Census: 93 89

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	36. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	43. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	1. 1	Under 65	11. 2	More Than 4 Years	20. 2
Day Services	Yes	Mental Illness (Org./Psy)	44. 9	65 - 74	14. 6		
Respite Care	Yes	Mental Illness (Other)	7. 9	75 - 84	39. 3		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	31. 5	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	2. 2	95 & 0ver	3. 4	Full-Time Equivale	nt
Congregate Meals	No	Cancer	0. 0	İ	j	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	4. 5		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	9. 0	65 & 0ver	88. 8		
Transportation	No	Cerebrovascul ar	6. 7			RNs	10. 9
Referral Service	No	Di abetes	3. 4	Sex	%	LPNs	7. 6
Other Services	No	Respi ratory	2. 2		·	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	18. 0	Male	40.4	Aides, & Orderlies	31.8
Mentally Ill	No		i	Female	59.6		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	;	]	Family Care		1	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	6	100.0	273	61	100.0	89	1	100.0	89	16	100.0	129	4	100.0	89	1	100.0	275	89	100. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		61	100. 0		1	100. 0		16	100.0		4	100. 0		1	100.0		89	100. 0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Conditions	s, Service	s, and Activities as of 12/	31/01 
		ı'		Total			
Percent Admissions from:		Activities of	%	Assi st	ance of	% Totally	Number of
Private Home/No Home Health	4. 9	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent I	Resi dents
Private Home/With Home Health	1. 9	Bathi ng	1.1		<b>34</b> . <b>0</b>	34. 8	89
Other Nursing Homes	7.8	Dressi ng	3. 4		<b>37. 4</b>	29. 2	89
Acute Care Hospitals	83. 5	Transferring	19. 1		55. 1	25. 8	89
Psych. HospMR/DD Facilities	1.0	Toilet Use	11. 2	:	57. 3	31. 5	89
Rehabilitation Hospitals	0.0	Eating	34. 8	!	55. 1	10. 1	89
Other Locations	1.0	**************	******	******	******	*********	*****
Total Number of Admissions	103	Continence		% S <sub>I</sub>	ecial Trea		%
Percent Discharges To:		Indwelling Or Externa		4. 5	Recei vi ng	Respiratory Care	4. 5
Private Home/No Home Health	20.0	Occ/Freq. Incontinent	of Bladder	41.6	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	8.6	0cc/Freq. Incontinent	of Bowel	27. 0		Sucti oni ng	0. 0
Other Nursing Homes	7. 6					Ostomy Care	2. 2
Acute Care Hospitals	26. 7	Mobility				Tube Feeding	2. 2
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	9. 0	Recei vi ng	Mechanically Altered Diets	38. 2
Rehabilitation Hospitals	0. 0						
Other Locations	8. 6	Skin Care				ent Characteristics	
Deaths	28. 6	With Pressure Sores		3. 4		nce Directives	62. 9
Total Number of Discharges		With Rashes		1.1 M	edi cati ons		
(Including Deaths)	105				Recei vi ng	Psychoactive Drugs	59. 6

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

\* Ownershi p: Bed Size: Li censure: 100-199 Skilled Al l Thi s Propri etary Peer Group Facility Peer Group Peer Group Facilities % Ratio % Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 86. 1 82. 5 1.04 84. 1 1.02 85.8 1.00 84. 6 1.02 Current Residents from In-County 82.0 74.3 1. 10 79. 3 1. 03 69. 4 1. 18 77. 0 1.07 Admissions from In-County, Still Residing 26. 2 19.8 1. 32 25. 5 1.03 23. 1 1.13 20.8 1. 26 Admissions/Average Daily Census 110.8 148. 2 0.75 110. 2 1.01 105. 6 1.05 128. 9 0.86 Discharges/Average Daily Census 112.9 146.6 0.77 110.6 1.02 105. 9 1.07 130.0 0.87 Discharges To Private Residence/Average Daily Census 32.3 58. 2 0.55 41.2 0.78 38. 5 0.84 52. 8 0.61 Residents Receiving Skilled Care 100 92.6 1.08 93.8 1.07 89.9 1. 11 85. 3 1.17 Residents Aged 65 and Older 88.8 95. 1 0.93 94. 1 0.94 93. 3 87. 5 0.95 1.01 Title 19 (Medicaid) Funded Residents 68. 5 66. 0 1.04 66. 9 1.03 69.9 0.98 68. 7 1.00 Private Pay Funded Residents 18.0 22. 2 0.78 22.2 22. 0 0.81 23. 1 0.81 0.82 Developmentally Disabled Residents 1. 1 0.8 1.50 0.6 1.74 0.8 7. 6 0. 15 1. 50 Mentally Ill Residents 52.8 31.4 1.68 38. 7 1.36 38. 5 1.37 33.8 1.56 General Medical Service Residents 18. 0 23.8 0.76 21.8 0.83 21. 2 0.85 19. 4 0.93 49.3 Impaired ADL (Mean) 56.6 46. 9 48. 4 46. 4 1. 22 1. 15 1. 21 1. 17 Psychological Problems 59.6 47. 2 1. 26 51. 9 1. 15 52.6 1. 13 51. 9 1. 15 Nursing Care Required (Mean) 6. 5 6. 7 0.97 7. 5 0.86 7.4 0.87 7. 3 0.88